2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011243

1. Entity Name
MANDALAY AT STONEBRIDGE COMMONS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779	2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

2/27/08 90013 005 $61.25

01102008 Chg-NP REINSTATEMENT CR2E037 (12/06) 08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	396 Alhambra Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. 230
City & State	City & State Coral Gables, Fl
Zip / Country	Zip 33134 -- Country USA

4. FEI Number 34-2027690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
James W. Hart, JR. 2180 W. State Rd, 434 #5000 Longwood, Fl 32779	Name Taylor & Carls, PA Street Address (P.O. Box Number is Not Acceptable) 850 Concourse Parkway So # 105 City Maitland FL Zip Code 32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Harry W. Carls HARRY W. CARLS DIRECTOR, TAYLOR & CARLS P.A. 2.25.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DRAKULIC, GARY 6354 MIRAMONTE DR #105 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500121333495 03/26/08--01026--016 **175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COWART, WADE 6397 MIRAMONTE DR #102 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMIDT, RACHEL 6253 MIRAMONTE DR #105 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (Addition) Finocchiaro, Kathy 2931 Metro Sevilla # 104 Orlando FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director (addition) Murtha, Peter 6301 Miramonte Dr # 106 Orlando FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL SCHMIDT 1/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #